



August 20, 2018

Web Announcement 1667

Updates to Nevada Medicaid Online Provider Enrollment Portal

Effective August 20, 2018, the Online Provider Enrollment (OPE) Portal will require all provider enrollment applications to be electronically signed. This will help simplify the provider enrollment, revalidation, and the change/update processes. The Nevada Medicaid and Nevada Check Up Provider Contract and Provider Declaration Statement will no longer need to be printed, signed and uploaded to the enrollment application. The Declaration Statement is now included in the Declaration section of the Agreements page.

If an enrollment application was started prior to August 20, 2018, and saved using "Finish Later" with a Nevada Medicaid and Nevada Check Up Provider Contract and Provider Declaration Statement attached, these attachments will no longer be available. These applications can still be submitted and will require an electronic signature.

For more information, refer to the Online Provider Enrollment User Manual [Chapter 2: Initial Enrollment Application](#).

In order to electronically sign the application:

- Click the checkbox - I accept the terms and conditions of the application and contract. Note: The acceptance checkbox will remain disabled until the Nevada Medicaid and Nevada Check Up Provider Contract has been read by clicking the download link.
- Type full name of the Provider or Authorized Representative in the Provider or Authorized Representative Signature textbox.
- Select the title of the Provider or Authorized Representative from the Title drop-down list.

Please see the following screenshot of the Provider Enrollment Agreement page.

Provider Enrollment: Agreement	
Welcome Request Information Specialties Addresses Provider Identification Associated Providers EFT Enrollment Other Information Ownership & Disclosure Agreement Attachments Summary	<p>Instructions</p> <p>The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms means that the request will not be submitted or saved.</p> <p>Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.</p> <p>Once the request is submitted and confirmed, a tracking number will be assigned. Note: The Nevada Medicaid and Nevada Check Up Provider Contract is required with every request. A link to this document is provided below.</p> <hr/> <p>Terms of Agreement</p> <p style="text-align: center;">Provider Name Street</p> <p style="text-align: center;">Employer Identification Number (EIN) or Social Security Number (SSN) NPI Contact Name Contact Email</p> <p>Please read and print for your records the Nevada Medicaid and Nevada Check Up Provider Contract. Please note that the Acceptance checkbox below will remain disabled until the provider contract document has been read.</p> <p>Nevada Medicaid and Nevada Check Up Provider Contract Download </p> <p style="text-align: center;"> Get ADOBE READER</p> <p>You will be submitting the Provider Enrollment application electronically. Therefore, your signature on this application will be electronic. By submitting this application electronically, you acknowledge as the Provider or legal representative of the provider, that you understand your electronic signature is binding to the same extent as your written signature.</p> <div style="border: 2px solid red; padding: 5px;"> <p><input checked="" type="checkbox"/> I accept the terms and conditions of the application and contract. <input type="checkbox"/> I understand that my electronic signature is equivalent to written signature.</p> <p>*Provider or Authorized Representative Signature <input type="text"/></p> <p>*Title <input type="text"/></p> <p style="text-align: right;">Submission Date 08/02/2018</p> </div> <hr/> <p>Declaration</p> <p>I declare under penalty of perjury under the laws of the State of Nevada that the information in this document and any attachments are true, accurate and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider(s) listed on this Application. I understand that Nevada Medicaid will rely on this information in entering into or continuing a Nevada Medicaid Provider Contract and that this form will be incorporated into and become a part of my Nevada Medicaid Provider Contract. I understand that I am required to notify Nevada Medicaid within five days of changes to information on this Application. I understand that I am responsible for the presentation of true, accurate and complete information on all invoices/claims submitted to Nevada Medicaid. I further understand that payment and satisfaction of these claims will be from federal and state funds and that false claims, statements, documents or concealment of material facts may be prosecuted under applicable federal and state laws.</p> <p style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/> </p>